

## **USA TEAM HANDBALL**



## **CERTIFICATE OF INSURANCE REQUEST FORM**

MEMBER CLUB INFORMATION:				
Club Name:	Club Membership #:			
Club Address:				
Club Contact Person:		Title:		
Primary Tel. #: ()	Alternate Tel. #: (	)	Fax #: (	)
Email Address:	Club Websit	e:		
How many Club members do you have?	Are all Club m	nembers also memb	ers of USA Tear	m Handball? 🗖 Yes 🗖 No
CERTIFICATE HOLDER INFORMATION:				
Certificate Holder Name:				
Street Address:				Zip:
Certificate Holder Contact Person:	Email Address:			
Main Tel. #: ()	_ Alternate Tel. #: ()_		Fax #: (	_)
Does the certificate holder require additional insured status?   Yes   No				
Please note role of the Certificate Holder below:				
☐ Owner/Manager/Lessor of Premises ☐ State or Political Subdivisions-Permits ☐ Sponsor ☐ Lessor of Leased Equipment				
☐ Other Designated Person or Organization:				
Has the club entered into any agreement, contract or permit with the Certificate Holder that includes assumption of risk, indemnification or hold harmless language on the part of the Club?				
SANCTIONED EVENT/ACTIVITY INFORMATION:				
Certificate is for:	✓ □ Specific Sanctioned Eve	ent (Date From:		To: )
Name of Specific Sanctioned Event:	•			
Brief Description of Event:				
Estimated # of Participants:	Estim	nated # of Spectator	rs:	
INSTRUCTIONS:				

Submit the completed Certificate of Insurance Request Form via Email to:

USA Team Handball 719.866.2203 Telephone
ATTN: Certificates <u>help@usateamhandball.org</u>

1 Olympic Plaza

Colorado Springs, CO 80909

NOTES: Please be certain to fill out the certificate request form completely and accurately. Please allow 2-3 days for the certificate to be processed. Do NOT wait until the last minute (i.e. Friday afternoon) to submit your request. USA Team Handball will issue and send the certificates to your Club via email. Your Club will be responsible for delivering the requested certificate of insurance to the Certificate Holder. USA Team Handball reserves the right to deny any request.